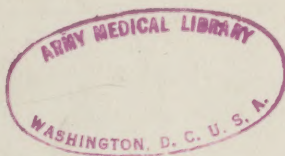


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THE MATERNITY HOSPITAL LAW
AND
REQUIREMENTS FOR LICENSURE
FOR
MATERNITY HOSPITALS
MATERNITY DIVISIONS
IN GENERAL HOSPITALS
AND
MATERNITY HOMES



DWIGHT H. GREEN

STATE OF ILLINOIS
HENRY HORNER, Governor

THE DEPARTMENT OF PUBLIC HEALTH
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STATE OF ILLINOIS

DWIGHT H. GREEN HENRY HORNER, Governor

THE DEPARTMENT OF PUBLIC HEALTH

MATERNITY HOSPITAL LAW

AN ACT for the licensing, inspection and regulation of maternity hospitals, lying-in homes, or other places, public or private, for the confinement of women and to provide a penalty for violation thereof. Approved June 24, in force July 1, 1915.

Section 1. All persons, societies, associations, organizations or corporations desirous of conducting, maintaining or carrying on any maternity or lying-in hospital or other place, public or private, where females may be received, cared for or treated during pregnancy or during or after delivery, whether they are now existing and licensed by the State Department of Public Welfare or not, shall apply for and obtain a license therefor from the State Department of Public Health. Applications shall be made upon the blanks prescribed by said department, and shall be endorsed by six or more persons of good moral character who are regular taxpayers of the county where such maternity or lying-in hospital is located and who shall certify to the respectability of the applicant. If, in the opinion of said department, such hospital possesses the equipment necessary for its purpose, the conditions of the hospital are safe and sanitary, and the persons connected therewith are proper and suitable persons to conduct such hospital, then a license shall be issued. No hospital or institution licensed under this act, or persons connected with such hospital or institution, shall place children for adoption or care in foster family homes, or anywhere outside of the custody of their mothers, unless the hospital or institution shall be licensed as a child welfare agency as provided by law, except with the written consent of the State Department of Public Welfare. But nothing in this act shall prevent the placing of any child by a licensed child welfare agency in a private family or home for legal adoption, or the legal adoption of any child from a licensed child welfare agency.

If at any time after a license is issued any manager, superintendent or person in charge of a hospital under this act shall have violated any of the provisions of this act or such hospital shall fail or refuse to maintain the conditions above specified for a license or to comply with the orders of the State Department of Public Health made pursuant in this act, such license shall be revoked.

Section 2. Every licensee shall keep a register of all persons admitted, and their addresses, the date of birth of every child born on said premises, the date of discharge of mother and of child, and if the

child is released to a licensed child welfare agency, the name of the agency, and such other information as the State Department of Public Health may from time to time require. A copy of all such information shall be made to said department on the first of each month.

Section 3. No child from such maternity or lying-in hospital shall be placed in a family home or be legally adopted until such home shall have been investigated and approved by the State Board of Administration.

Section 4. The State Department of Public Health through its agents, shall at all times have free access to any hospital licensed under this act and to all its records.

Section 5. Any manager, superintendent, or person in charge of such maternity or lying-in hospital who fails or refuses to procure a license as provided in Section 1 thereof, or anyone who violates any of the provisions of this act shall be deemed guilty of a misdemeanor and fined not less than \$50 nor more than \$500, or by imprisonment in the county jail for not to exceed one year, or both fine and imprisonment in the discretion of the court. Approved as amended July 14, 1939. (Ill. Rev. Stat., p. 276.)

REGULATIONS REGARDING MATERNITY HOSPITALS AND HOMES

ILLINOIS STATE DEPARTMENT OF PUBLIC HEALTH

GENERAL REQUIREMENTS

(All hospitals including general hospitals with maternity divisions)

A. General Facilities

1. The building to be used as a maternity hospital shall be in good repair and suitably located. It shall pass the inspection of the State Fire Marshal.

2. The plumbing and drainage, or other arrangements for the disposal of excreta and household wastes, and for the water supply, shall be in accordance with the regulations of the Division of Sanitary Engineering, State Department of Public Health.

3. The heating of all rooms shall be sufficient to maintain a temperature of 68°-70° in winter. Hot water shall be available at all times.

4. Floors and walls shall be in good condition and of a character to permit frequent washing.

5. Doors and windows shall be adequately screened during summer months.

6. The rooms shall be of sufficient size and arranged for adequate nursing care. Rooms shall be outside rooms, well-lighted and ventilated. Window area shall be not less than one-fifth of the floor area. At least a three-foot interval must be allowed between beds, a minimum of 750 cubic feet of air space per each adult patient and 250 cubic feet for each infant. A separate room is desirable for each patient, but two or more patients may be placed in the same room when adequate space for each patient (75 square feet of floor space in a room with a ten-foot ceiling) and screens between beds are provided.

7. Special facilities shall be available for the immediate segregation and isolation of all mothers with infection, fever, or other conditions inimical to the safety and welfare of others. The criterion for postpartum infection shall be a temperature over 100.4° F. on two successive days after the first day postpartum. Infants with infections, fever, skin rash, or diarrhea shall be isolated. Infants born outside of the hospital shall be isolated on admission for at least 72 hours.

8. There shall be a room equipped as a delivery room, used for no other purpose, and used exclusively for clean obstetrical cases.

9. There shall be a clean newborn nursery in the obstetrical division.

10. Obstetrical patients shall not be kept in the same room with other patients.

11. A definite number of beds shall be designated obstetrical beds. When required, other beds may be used for obstetrical patients provided the metal parts are thoroughly scrubbed, the mattresses aired, and clean linen provided following their use by other patients.

12. It is desirable that nurses caring for maternity cases shall not care for other cases. When necessary for the same nurses to care for other than maternity patients while maternity cases are present, isolation technique shall be employed in nursing care. Gowns shall be changed between patients.

13. When the number of deliveries in a hospital exceeds 100 per year, the following is required:

- (a) The obstetrical division shall be physically segregated from all other services.
- (b) Patients from other services shall not be placed in the obstetrical division.
- (c) Equipment being used by maternity cases shall not be used by other patients.
- (d) A graduate registered nurse shall have immediate supervision of the newborn nursery at all times when newborn babies are present.
- (e) A separate nursing personnel for the obstetrical division shall be provided. One nurse for every four or five patients by day and eight to ten patients by night shall be a minimum. When student nurses are on duty, at least 30 per cent of the nursing personnel shall be graduate registered nurses and the student nurses shall at all times be under the supervision of a graduate registered nurse.
- (f) Practical nurses when employed shall be under the immediate supervision of graduate nurses at all times, and the ratio shall not be less than that for student nurses.
- (g) Nurses on duty in the obstetrical division shall not attend patients in other divisions nor shall they attend autopsies or come in contact with infectious material.
- (h) The delivery table or bed must be equipped for operative deliveries and the treatment of obstetrical shock.

14. When the number of deliveries in a hospital exceeds 350 births yearly, in addition to Item 13, the following is required:

- (a) A graduate registered nurse with at least three months' post-graduate training in obstetrical nursing, delivery room and nursery techniques, shall be in charge of the obstetrical division.
- (b) There must be an auxiliary room for the delivery of patients with elevated temperature, gonorrhea, syphilis, or any other infectious disease.
- (c) When premature infants are present, they must be isolated, suitable incubators provided, oxygen kept available for use,

and the nursing care of the premature infant be under the supervision of a registered nurse who has had postgraduate training in the care of the premature infant.

- (d) At least one labor room must be provided.
- (e) Nursing care in the labor and delivery rooms shall be supervised by a graduate registered nurse.
- (f) Infected cases (those with elevated temperature, gonorrhea, syphilis, or with 100.4° F. on two successive days postpartum after the first) must not be cared for in the clean maternity section nor with facilities common to both.

B. Personnel

The licensee is the person responsible for the conduct of the hospital. This person must be physically clean, free from infection, and of good moral character. If the licensee is not a registered graduate nurse, a registered graduate nurse must be on duty at all times when patients are present in the hospital.

All deliveries shall be attended by a licensed physician.

All personnel, nursing or otherwise, shall present a recent certificate issued by a registered physician showing good health, including freedom from infectious syphilis or gonorrhea.

All personnel with evidence of acute respiratory disease shall be excluded from the maternity division.

C. Food

1. Satisfactory arrangements must be made for the serving of well-cooked, well-planned, and adequate meals.

2. All milk used, other than powdered or evaporated, shall be properly pasteurized milk. Pasteurization may be performed by the hospital in accordance with the standards adopted by the State Department of Public Health when pasteurized milk is not commercially available.

3. Kitchen facilities shall include refrigeration and adequate protection and disposal of garbage and waste.

4. Formulae shall be prepared with sterile precautions under the supervision of a registered nurse.

D. Medical and Nursing Care

1. Adequate laboratory and special treatment facilities shall be readily available under competent supervision and direction.

2. Vaginal examinations shall be performed only by a physician.

3. Patients under analgesia shall not be left unguarded at any time.

4. A satisfactory means of identifying infants must be employed.

5. Hospitals shall provide clothes, diapers, and bedding for the infants while in the hospital.

6. After the birth a physician shall be in attendance upon the mother and child and shall prescribe all after-care.

7. While the child is in the hospital and is not breast-fed, or if supplemental or complemental feeding is necessary, the feeding formula shall be prescribed by written order of the attending physician. Stock formulae may not be used by a hospital. If a wet nurse is provided she shall meet with the approval of the physician and shall be free from active tuberculosis, syphilis, or gonorrhea.

E. Ethics and Policies

1. Roomers, boarders or overnight tourists shall not be permitted in any hospital licensed under this Act.

2. No hospital is permitted to advertise children for adoption nor be a party to such advertisement. Neither is it permissible to advertise either directly or indirectly for the care of unmarried mothers with the view of helping them dispose of their babies by adoption.

3. Plans must be made so that the baby, if normal and well, is not left at the hospital after the mother leaves except by written consent of the State Department of Public Welfare.

4. Prospective adopting parents shall not be requested nor required to pay any expenses incurred for confinement or care of the infant in any licensed hospital. All such charge shall be arranged and agreed upon with the mother or persons responsible for her care at the time she is admitted. The paying of a bill for an unmarried mother by prospective adopting parents does not obligate her to release the child to them.

5. Visitors shall not come in contact with infants at any time, and children under 16 years shall not be allowed to visit in the maternity division.

6. The ritual of circumcision shall be conducted under aseptic conditions.

7. Any hospital accepting unmarried mothers for employment or for shelter care prior to delivery shall:

- (a) Require an examination for venereal disease including an approved blood test for syphilis and smear examination for gonorrhea prior to admission.
- (b) Arrange for medical care during the prenatal and lying-in period.
- (c) Keep a medical record.

F. Records and Reports

1. The maternity license shall be posted in a conspicuous place. It is the property of the State Department of Public Health and shall be returned if license is revoked or the management of the hospital changes or the licensee desires to discontinue operation of the hospital.

2. Hospitals are required to keep a chronological register of births with data sufficient to duplicate the birth certificate. All data must be entered in the register in ink within twenty-four hours after the admission and before the discharge of any mother and immediately after the birth, death, or discharge of every child. When an institu-

tion discontinues the treatment of maternity cases, the maternity register must be delivered to the custody of the State Department of Public Health.

3. Each licensed hospital shall make a monthly statistical report on forms furnished by the State Department of Public Health to that Department.

4. Complete obstetrical records, including those of prenatal care shall be kept. Forms may be obtained from the State Department of Public Health. Nursing notes shall include temperature taken four times a day. The infant's record shall include a physical examination with special reference to deformities or abnormalities, temperature taken morning and evening, a record of the number and character of stools daily, a record of the condition of the skin, and any bleeding from the umbilical cord or any mucous membrane, and any marked jaundice.

G. Equipment

The minimum equipment prescribed shall be provided, and in addition all hospitals shall provide the following:

1. A standard sterile uterine pack in the delivery room at all times.
2. Facilities for infusion and blood transfusion in the delivery room.
3. An instrument for determining the blood pressure.
4. Craniotomy instruments.
5. At least one obstetrical forceps.
6. A heated bed for the newborn infant.

MATERNITY HOME REQUIREMENTS

A maternity home is a private home in which maternity patients are received for delivery by registered physicians. Maternity homes shall be subject to these regulations when their need in the community is shown by the lack of sufficient hospital beds in a reasonable area.* Otherwise they shall be governed by the regulations for hospitals. No maternity home shall be licensed to receive more than three patients at any one time.

A. Building

1. The building to be used as a maternity home shall be in good repair and suitably located. It shall pass the inspection of the State Fire Marshal.

2. The plumbing and drainage, or other arrangements for the disposal of excreta and household wastes, and the water supply, shall be in accordance with the regulations of the Division of Sanitary Engineering, State Department of Public Health.

* 3 hospital beds per 1000 population within a radius of 30 miles on a hard-surfaced road.

3. The heating of all rooms shall be sufficient to maintain a temperature of 68°-70° in winter. Hot water shall be available at all times.

4. Floors and walls shall be in good condition and of a character to permit frequent washing.

5. Doors and windows shall be adequately screened during summer months.

6. The rooms shall be of sufficient size and arranged for adequate nursing care. Rooms shall be outside rooms, well-lighted and ventilated. Window space shall be not less than one-fifth of the floor space. At least a three-foot interval must be allowed between beds, a minimum of 750 cubic feet of air space per adult patient and 250 cubic feet for each infant. A separate room is desirable for each patient but two or more patients may be placed in the same room when adequate space and screens between beds are provided.

7. Special facilities shall be available for the immediate segregation and isolation of all mothers or babies with infection, temperature or other conditions inimical to the safety and welfare of others. When a patient becomes infected (temperature over 100.4°F. on two successive days after the first day postpartum), no new patients shall be admitted until the discharge or recovery of the infected patient. Thorough cleansing of all equipment including adequate disinfection or sterilization of all textile materials used in connection with the infected patient shall be mandatory.

B. Personnel

The licensee is the person responsible for the conduct of the maternity home. That person must be physically clean and of good moral character and possess the fundamental knowledge of nursing maternity patients as attested to by at least two licensed physicians in the community.

All deliveries shall be attended by a licensed physician and the name and address of that physician or physicians shall be posted in a conspicuous place in the home.

All persons living in the home or those having contact with maternity cases shall show evidence of good health. An approved blood test for syphilis must be made on all personnel at the beginning of their services.

C. Food

1. Satisfactory arrangements must be made for the serving of well-cooked, well-planned, and adequate meals.

2. All milk used, other than powdered or evaporated, shall be properly pasteurized milk. Pasteurization may be performed by the maternity home in accordance with the standards adopted by the State Department of Public Health when pasteurized milk is not commercially available.

3. Kitchen facilities shall include refrigeration and adequate disposal of garbage and waste.

4. Formulae shall be prepared under sterile precautions.

D. Medical and Nursing Care

1. Facilities for simple urinalysis shall be provided.
2. No nurse, either registered or practical, is permitted to make a vaginal examination.
3. A satisfactory means of identifying infants must be employed.
4. Each infant shall have its own clothing properly sterilized at the maternity home.
5. In each maternity case, at the time of expected delivery, a legally qualified physician shall be promptly notified and shall be present and in attendance at the time of birth.
6. After the birth, the physician shall be in attendance upon the mother and child and shall prescribe all after-care.
7. While the child is in the maternity home and is not breast-fed, or if supplemental or complementary feeding is necessary, the feeding formula shall be prescribed by written order of the attending physician. Stock formulae may not be used by a maternity home. If a wet nurse is provided she shall meet with the approval of the physician and shall be free from active tuberculosis, syphilis, or gonorrhea.

E. Ethics and Policies

1. Roomers, boarders or overnight tourists shall not be permitted when maternity cases are being cared for.
2. No maternity home is permitted to advertise children for adoption nor be a party to such advertisement. Neither is it permissible to advertise either directly or indirectly for the care of unmarried mothers with the view to helping them dispose of their babies by adoption.
3. Plans must be made so that the baby, if normal and well, is not left at the maternity home after the mother leaves except by written consent of the State Department of Public Welfare.
4. Prospective adopting parents shall not be requested nor required to pay any expenses incurred for confinement or care of the infant in any licensed maternity home. All such charges shall be arranged and agreed upon with the mother or persons responsible for her care at the time she is admitted. The paying of a bill for an unmarried mother by prospective adopting parents does not obligate her to release the child to them.
5. Any maternity home accepting unmarried mothers for employment or for shelter care prior to delivery shall:
 - (a) Require an examination for venereal disease including an approved blood test for syphilis and smear examination for gonorrhea prior to admission.
 - (b) Isolate all admissions for 48 hours.
 - (c) Arrange for medical care during prenatal and lying-in period.
 - (d) Keep a medical record.
6. Visitors shall not come in contact with infants at any time, nor shall children under 16 be allowed to visit patients.

F. Records and Reports

1. The maternity license shall be posted in a conspicuous place. It is the property of the State Department of Public Health and shall be returned if license is revoked or the management of the maternity home changes or the licensee decides to discontinue operation of the home.

2. Maternity homes are required to keep a chronological register of births, with data sufficient to duplicate a birth certificate. All data must be entered in the register, in ink, within 24 hours after the admittance or discharge of every mother and after the birth, death, or discharge of every child. When an institution goes out of business, the maternity register must be delivered to the custody of the State Department of Public Health.

3. Each licensed maternity home shall make a monthly statistical report on forms furnished by the State Department of Public Health to that Department.

4. Bedside notes including the patient's temperature three times a day and a brief history of the case shall be kept for each patient. The infant record shall include the number and character of stools each day, the condition of the skin, any deformities present, and any bleeding, vomiting or jaundice.

MINIMUM EQUIPMENT

This is required for all hospitals and includes maternity homes.

The following lists of minimum equipment are in addition to any implied in the Rules and Regulations:

General

A telephone.

An autoclave or some other approved method of sterilizing dressings and supplies.

Suitable facilities for sterilizing instruments.

Facilities for simple urinalysis.

Facilities for screening patients for isolation and privacy.

Delivery Care

Washable walls and floor in delivery room.

Facilities for hand scrubbing.

Sufficient lights.

Delivery table or bed.

Table for supplies.

Table for doctor's use.

2 basins for sterile solution for doctor's hands.

Pledgets.

1 floor basin or pail for placenta.

Container for waste (covered).

Receiving blanket, warmed.
 Facilities for anesthesia.
 Facilities for resuscitation (including tracheal catheters).
 Facilities for caring for premature infants.
 Equipment for identification of the baby.
 Kahn bottles, blanks, and mailing containers.

Medical Supplies

Ergot, pituitrin, alcohol, and soap.
 Disinfectant, stimulant, and anesthetic approved by the attending physician.
 Silver nitrate—1%—preferably that put up by the State Department of Public Health Laboratory.

Sterile Supplies

Sufficient amounts of linens, dressings, and packings.
 Minimum sterile linen for each delivery :

3 sheets.	12 perineal pads.
6 towels.	2 gowns.
2 cord ties	12 dressings or squares.

Small Additional Equipment

1 scissors.	catheters.
1 dressing forceps.	hypodermic with needles.
2 hemostats.	2 pairs rubber gloves.
safety razor.	

Maternal Care

For each patient there shall be the following minimum equipment :
 1 bed, hospital type preferred, with a comfortable mattress.
 Bed blocks or some other method of elevation must be provided if a low bed is used.
 1 bedside table.

Linen and Bedding

1 pillow.	3 pillow cases.
1 spread—light weight.	6 hand towels.
3 blankets.	4 bath towels.
4 sheets, 72" by 108".	4 wash cloths.
1 mattress pad.	2 bed pan covers.
1 rubber or oilcloth drawsheet.	2 hot water bag covers.

Small Equipment

1 bath basin.	1 washable tray with dishes and silver.
1 small basin.	1 tray for breast care.
1 medicine glass.	1 tray for perineal care.
1 drinking tube.	1 enema outfit for every ten patients.
1 thermometer.	2 ice caps for every ten patients.
1 hot water bag.	
1 small pitcher.	

It is desirable to have individual bed pans. The minimum is one for one patient—two for two patients; above this number in ratio of one for two patients.

Infant Care

For each infant—a crib or bassinet with rubber covered mattress, sheets and blankets and a removable, washable lining.

1 bathing table.	Adhesive.
1 scales.	Sufficient supply of shirts, bands, gowns, diapers, etc.
1 rectal syringe.	Cupboard for supplies.
1 rectal thermometer for each infant.	Nursing bottles and nipples.
1 bath basin.	Container for boiled nipples.
Covered container for soiled diapers.	Olive or mineral oil.
Receptacle for waste.	Alcohol.
Sterile cord dressings.	Cotton.

PREVENTION OF BLINDNESS IN BABIES

AN ACT entitled, "An Act for the prevention of blindness from ophthalmia neonatorum; defining ophthalmia neonatorum; designating certain powers and duties and otherwise providing for the enforcement of this Act," approved June 24, 1915, [Sections 3 and 8 amended April 20, 1933.]

Section 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: That any diseased condition of the eye, or eyes of any infant in which there is any inflammation, swelling or redness in either one or both eyes of any such infant, either apart from or together with any unnatural discharge from the eye, or eyes of such infant, at any time within two weeks after the birth of such infant, shall, independent of the nature of the infection, be known as ophthalmia neonatorum.

Section 2. It shall be the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home or hospital, of any nature or parent assisting in any way whatsoever, any woman at childbirth, or assisting in any way whatsoever any infant, or the mother of any infant, at any time within two weeks after childbirth, observing or hav-

ing a reasonable opportunity to observe the condition herein defined, and within six hours thereafter, to report in writing or by telephone followed by a written report such fact to the local health authorities of the city, town, village or other political division as the case may be, in which the mother of any such infant may reside: Provided, that such reports and the records thereof shall be deemed privileged information and shall not be open to the public.

Section 3. It is the duty of all maternity homes and any and all hospitals or places where women resort for purposes of childbirth, to post and keep posted in conspicuous places in their institution, copies of this Act, and to instruct persons professionally employed in such homes, hospitals and places regarding their duties under this Act, and to maintain such records of cases of ophthalmia neonatorum in the manner and form prescribed by the Department of Public Health.

It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one per cent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health.

Section 4. It shall be the duty of the local health officer:

(1) To investigate, insofar as that can be done without entering into the home or interfering with the child in any way without first securing the consent of the parents or guardian of such child, and each case of ophthalmia neonatorum reported to him in compliance with this law, and any other such case as may come to his attention.

(2) To report all cases of ophthalmia neonatorum and the results of all such investigations as he may make, to the State Board of Health in the manner and form prescribed by said board.

Section 5. It shall be the duty of the State Board of Health:

(1) To enforce the provisions of this Act;

(2) To provide for the gratuitous distribution of a scientific prophylactic for ophthalmia neonatorum, together with proper directions for the use and administration thereof, to all physicians and midwives authorized by law to attend at the birth of any child;

(3) To have printed and published for distribution throughout the State advice and information concerning the dangers of ophthalmia neonatorum and the necessity for the prompt and effective treatment thereof;

(4) To furnish similar advice and information, together with copies of this law, to all physicians, midwives, and others authorized by law to attend at the birth of any child;

(5) To prepare appropriate report blanks and to furnish same to all local health officers for distribution to physicians and midwives free of charge;

(6) To report any and all violations of this Act to the prosecuting attorney of the district wherein said violation may have been committed.

Section 6. Any collusion between any official and any person, or between any others herein named, to misstate or conceal any facts which under this Act are essential to report correctly any case of ophthalmia neonatorum, shall likewise constitute a misdemeanor, and any person upon conviction thereof, shall suffer a penalty such as is hereinafter provided.

Section 7. It shall be the duty of the State's Attorney for the proper district to prosecute for all misdemeanors as herein prescribed.

Section 8. Any person violating any of the provisions of this Act shall be guilty of a misdemeanor and shall, upon conviction thereof, be fined not less than fifty (\$50) dollars nor more than one hundred (\$100) dollars, or be imprisoned in the county jail not to exceed six months, or both, in the discretion of the court.

Section 9. An Act for the prevention of blindness, approved June 21, 1895, in force July 1, 1895, is hereby repealed.

PRENATAL BLOOD TEST LAW

AN ACT concerning blood tests for pregnant women for the purpose of preventing prenatal syphilis.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Every physician, or other person, attending in a professional capacity a pregnant woman in Illinois, shall take or cause to be taken a sample of blood of such woman at the time of the first examination. Said blood specimen shall be submitted to a laboratory approved by the State Department of Public Health for a serological test for syphilis approved by the State Department of Public Health. In the event that any such blood test shall show a positive or doubtful result a second test shall be made. Such serological test or tests shall, upon request of any physician in the State, be made free of charge by the State Department of Public Health or the Health Departments of cities, villages and incorporated towns maintaining Health Departments.

Section 2. In reporting every birth or still birth, physicians and others required to make such reports shall state on the birth certificate or still birth certificate, as the case may be, whether a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which a birth or still birth certificate is filed, together with the date when the blood specimen was taken and the name of the laboratory making the test. In no event shall the birth or still birth certificate state the result of the test.

Section 3. This act shall be administered by the State Department of Public Health.

Filed July 21, 1939.

SANITARY REGULATIONS CONCERNING LIGHT, AIR, DISH WASHING, WATER, MILK, STORAGE AND REFRIG- ERATION OF FOODS, CLEANLINESS, DISPOSAL OF SEWAGE AND GARBAGE, AND FREEDOM FROM NOISE, ODORS, AND VERMIN IN MATERNITY HOSPITALS AND HOMES

SECTION (A) GENERAL SANITATION

1. *Nurseries and halls to be adequately lighted, ventilated, and protected from noise, odors and vermin.*

All nurseries and isolation quarters, and halls adjacent thereto, shall be adequately and properly lighted, ventilated, and heated, protected from noise and odors, and kept free from insects and vermin.

PUBLIC HEALTH REASON

Adequate and proper lighting is necessary to prevent accidents and eyestrain; to detect, more easily, unclean conditions of floors, walls and ceilings; to make possible a more thorough clean-up, and to permit the proper performance of duties.

All infants require sufficient light for the maintenance of good health. Adequate light may play a role in the destruction of certain bacteria.

Ventilation and proper heating are required to provide healthful and comfortable conditions for the patients and the employes. Ventilation dilutes, as well as removes, air-borne bacteria and odors from occupied spaces, and helps any oxidizing process necessary to prevent certain types of odors.

Noise materially affects the repose of persons.

Insects and vermin may be carriers of disease germs.

SATISFACTORY COMPLIANCE

Adequate light is obtained when the light intensity at any point in the room is not less than ten foot-candles.

In hallways, lighting of four foot-candles shall be required at all times.

Intelligent use of windows, equal to 20% of the floor area, and taking into consideration wind and outdoor air conditions will generally result in satisfactory ventilation. Precautions shall be taken to prevent drafts when using ventilation facilities. Screens, deflectors, and other devices shall be used, if necessary, when the windows are the means of ventilation. Proper heating is obtained when the temperature in the room is between 72°F. and 75°F. When the infant is given a bath, the temperature of the room shall not be less than 80°F.

No undue noise shall be permitted in the hospital or its immediate vicinity.

Periodical inspections of all equipment and rooms, particularly corners, shall be made for the purpose of detecting the presence of vermin and, if found, immediate action shall be taken to exterminate the latter.

All openings to the outside shall be effectively screened with 16-mesh screen from the first of May until the last of October.

2. *Nurseries and halls to be maintained in good repair and in clean condition.*

All rooms and hallways shall, at all times, be maintained in good repair and in a clean and sanitary condition. The walls and ceilings of these rooms and hallways should be so constructed as to be easily cleaned and washed.

PUBLIC HEALTH REASON

Broken and worn floors, walls, and ceilings are difficult to keep clean. Broken floors may also cause accidents.

SATISFACTORY COMPLIANCE

Painted, light-colored, glazed or impervious surfaces on walls, floors, and ceilings shall be maintained in a clean condition.

3. *Dusting and sweeping: Dry dusting or sweeping shall be prohibited.*

PUBLIC HEALTH REASON

Dry dusting and sweeping increase the bacterial content of the air. This increases the possibility of the spread of infectious material.

SATISFACTORY COMPLIANCE

Each room shall be washed or mopped with hot suds, (washing at all times preferred.) Walls shall be wiped, twice weekly, with a disinfectant solution, as far as they can be reached. All floors shall be considered "contaminated;" anything dropped shall be disinfected or discarded.

4. *Visitors and hospital personnel should be prohibited from smoking in the corridors, elevators, and birth-room section*, and from dropping cigar butts, cigarette stubs, and rubbish on the floors.*

PUBLIC HEALTH REASON

Smoking by visitors and other persons in the corridors, elevators, and other sections of the hospital, is the cause of an increase in the suspended matter in the air of the rooms and halls. Such suspended matter is frequently the carrier of bacteria. The dropping of any form of tobacco, particles of which subsequently may be carried into the air currents of the hospital, serves to increase the number of carriers of bacteria and other infectious substances.

* By "Birth-room section" is meant labor and delivery rooms.

SATISFACTORY COMPLIANCE

Signs, prohibiting smoking, shall be posted in conspicuous locations in the maternity division. Watchfulness shall be exercised on the part of the personnel to prevent violations.

SECTION (B) WATER SUPPLY

1. *Water supply shall be approved by the State Department of Public Health.*

The source of the water supply of the hospital, whether it be a public or a private supply, shall be approved by the State Department of Public Health.

PUBLIC HEALTH REASON

The source of the water supply may, unless properly located and constructed, become contaminated by disease-producing organisms.

SATISFACTORY COMPLIANCE

The hospital water supply shall be properly located, constructed and operated as shown by periodic inspections and analyses made by representatives of the State Department of Public Health.

2. *Water treatment shall be approved by the State Department of Public Health.*

Any treatment, such as chlorination, coagulation, sedimentation, filtration, softening, iron removal or other processes which may change the physical, chemical or bacteriological characteristics of the water, shall be conducted in a manner which is approved by the State Department of Public Health.

PUBLIC HEALTH REASON

Improperly treated water may not be free from pollutional organisms and may produce illness among those using the water for drinking or domestic purposes. The addition of any harmful or injurious foreign substance to any water is obviously dangerous. To guard against such harmful substance, which might be mistaken for chemicals customarily used in water treatment, adequate supervision by properly trained personnel is necessary.

SATISFACTORY COMPLIANCE

The operation and control of any water-treatment plant in a hospital shall conform to the standards adopted or established by the State Department of Public Health. The treatment plant shall be supervised by a person who has qualified for a certificate of competency as a water-treatment plant operator and the treated water shall be clear, clean, palatable, safe and of satisfactory mineral quality at all times.

Local bacteriological analyses, following the procedure given in "Standard Methods of Water Analysis," adopted by the American Public Health Association, shall be made as often as the health department deems necessary, on representative samples from the hospital water supply. Daily operation reports shall be kept and submitted as required by the State Department of Public Health.

SECTION (C) STERILE WATER

1. *Protection of sterile water.*

Adequate provision shall be made to protect all sterile-water containers against the accidental entry of non-sterile water, whether because of leaking valves, partially closed valves, blow-off connections or any other reason. This requirement includes an individual open connection, so constructed that no back-flow can possibly occur, on every blow-off drain, cooling coil drain, filter drain, and bleeder from filter or filling pipe. A blow-off drain shall not be connected directly to any other pipe or fitting. Every open connection shall be so constructed that the end of the pipe above can be readily seen and any flow coming from the pipe easily noted.

If such flow occurs when the valve on the pipe is closed, prompt repairs of the valve shall be made.

PUBLIC HEALTH REASON

Contamination of sterilized water in the sterile-water containers may occur in a number of ways through improper plumbing connections to water and waste pipes and through leakage of cooling coils. Contamination from waste pipes may involve intestinal organisms, such as organisms responsible for infectious diarrhea of the newborn, and which are washed from instruments and utensils preliminary to sterilization of the latter. This possibility is particularly dangerous to public health through the spread of water-borne, intestinal diseases, and through the causation of post-operative infections.

SATISFACTORY COMPLIANCE

Absolute severing of connections from sterile-water containers with waste pipes is necessary. The air-gap between the waste pipe and the sterile-water container connection above should be a vertical distance not less than twice the diameter of the pipe, and at no time less than one inch.

The water supply pipe, if directly connected to the sterile-water container, shall be provided with a device acceptable to the State Department of Health, which shall carry away any leakage through the filling valve before it enters the tank, and a suitable device to prevent the sucking of unsterilized water into the sterile-water container when a vacuum occurs in the latter.

2. Sterilization of water.

Care shall be exercised to assure that all water in a water sterilizer shall be properly sterilized. Particular care shall be taken to assure that water in gauge glasses, blow-off pipes, and drains connected to water sterilizers shall be drawn out during the sterilizing process, unless adequate special devices, acceptable to the State Department of Public Health, are in operation for heating and holding at the sterilizing temperature, the water in such gauge glasses, blow-off pipes and drains. All sterilizers shall be periodically tested to insure satisfactory and effective operation.

PUBLIC HEALTH REASON

Water labeled "sterile" in a hospital shall be *sterile*, because the presence of any organisms, benign or pathogenic, indicates a faulty sterilizing system, and contaminated water may be the basis for an epidemic.

SATISFACTORY COMPLIANCE

Manufacturers have developed automatic apparatus for sterilizing gauge glasses, which can be installed in existing equipment. The cost of putting such automatic devices into sterilizers is far less than buying new ones, and is justified by eliminating the human equation in the sterilizing process. Long pipes from sterilizers are not satisfactory because of the difficulty of making and keeping them sterile. Blow-off valves and draw-off valves shall be either (1) flush with the inside of the sterilizer tank, or (2) equipped with suitable devices, such as steam jackets, to sterilize the valve, the pipe from tank to valve, and the water inside them, at the same time that the water in the tank is sterilized.

All samples of sterilized water shall be sterile by laboratory test. Suitable markers shall be on the tanks and draw-off valves whenever unsterilized water is in them.

3. Testing of sterilized water.

"At intervals of not more than a month, a satisfactory test by the hospital shall be made for the sterilization of a sample of water from each sterile water tank in the hospital. Every test showing that the water is not sterile shall be promptly reported by the laboratory to the State Department of Public Health and to the hospital superintendent, who shall prohibit the use of the water in that tank for any purpose until it has subsequently been sterilized."

PUBLIC HEALTH REASON

Water samples shall be taken aseptically at frequent intervals to guard against break-downs in the technic of sterilization. The aseptic technic of collection, in sterile containers, is to prevent contamination of the sample with bacteria exterior to the system, thereby causing the sterilized water to appear contaminated when, in fact, it may be

sterile. For the same reason, containers shall have been previously sterilized as indicated below to prevent contamination of the sample to be collected.

SATISFACTORY COMPLIANCE

(1) The site of collection shall be adequately flamed with an alcohol lamp, Bunsen burner, or blow-torch.

(2) The water shall be allowed to run sufficiently long, so that the effluent represents water from within the sterilizer rather than from the discharge line alone.

(3) The covered stopper shall be removed from the bottle and held in the same relative position (i. e., right side up), while the mouth of the bottle is quickly thrust into the effluent and the bottle allowed to fill to the shoulder. The bottle is then removed, the stopper inserted, and the cover secured to the neck with a stout band. During this procedure, the bottle shall be held near the bottom to prevent water from splashing into the bottle from the hand while it is being thrust into the effluent, or withdrawn from it.

(4) The sample shall be labeled with suitable information to indicate the source, date, time, and point of collection. The sample shall be submitted to the laboratory for analysis as soon as possible.

(5) Sample bottles shall conform to and be prepared for use according to specifications outlined in Standard Methods of Water Analysis (APHA-AWWA), 8th ed., 1938, p. 196-197.

Periodic check samples will be sent to the State Department of Public Health Laboratories.

4. *Record of tests.*

The hospital shall keep a permanent record of all water tests for inspection by the State Department of Public Health.

PUBLIC HEALTH REASON

The results of the water tests must be recorded so that they can be reviewed periodically by the superintendent of the hospital and the State Department of Health. Such review will tend to prevent a break-down of the requirement that water tests for sterility are to be made monthly.

SATISFACTORY COMPLIANCE

The results of these water analyses shall be entered in ink, kept posted to date, and be available, at any time, for inspection by the State Department of Public Health.

SECTION (D) PLUMBING

1. *Cross-connections prohibited.*

The plumbing system shall be free from cross-connections or inter-connections between safe and unsafe supplies or between safe water

supplies and sewage, waste, drainage, condensate, previously used water, contents of plumbing fixtures, or material of a similar nature.

PUBLIC HEALTH REASON

The connection of any pipe conveying drinking water with any pipe conveying, or fixture containing, an unsafe water supply or sewage may be the means of spreading water-borne diseases, such as typhoid fever and amebic dysentery.

SATISFACTORY COMPLIANCE

Surveys made by representatives of the Department of Public Health will be on the basis of calling attention, from time to time, to cross-connections and inter-connections. All cross-connections shall be eliminated promptly upon notification of their existence.

No dual water supply system, either of which is of unsatisfactory quality shall be permitted.

2. Submerged inlet fixtures to be protected against siphonage.

No fixture, tub, tank, vat, sterilizer, condenser, water jacket, cooler, washer, air-conditioner, or other device shall be connected to the water system from or through which any water used for drinking, culinary, or domestic purposes is derived, unless protected against back pressure or siphonage in a manner satisfactory to the State Department of Public Health.

PUBLIC HEALTH REASON

The direct connection of drinking water pipes to such fixtures, equipment, or devices, below the point at which water would overflow to the floor, may permit the siphoning of sewage into the domestic supply system whenever a temporary vacuum is formed, such as by (1) excessive drawing of water on floors below; (2) a break in the main supply piping; (3) closing of valves in supply pipes; and (4) even during periods when a fire occurs and engines are pumping from the street mains. Since the contents of such fixtures are unfit for drinking purposes in general, disease may occur in those who drink the polluted water.

SATISFACTORY COMPLIANCE

Water shall be delivered to any fixture, equipment, or device above the rim or point of overflow to the floor, except where the State Department of Public Health permits, in writing, some deviation from this rule.

The outlets or waste drain of all sterilizers shall be arranged so that there will be no backing up of wastes into the equipment.

3. Disinfection of piping: All new water pipe and all water pipe which has been disconnected or rearranged shall be thoroughly disinfected before being put into service.

PUBLIC HEALTH REASON

New water pipe may become contaminated by improper storage and new pipe or pipe which is being repaired or rearranged may be contaminated by careless handling, thereby subjecting the users to possibilities of illness.

SATISFACTORY COMPLIANCE

All piping shall be disinfected in a manner approved by the State Department of Public Health before being placed in service.

SECTION (E) MILK

1. *Pasteurized milk shall be used.*

All milk used other than powdered, condensed or evaporated, shall be properly pasteurized milk.

PUBLIC HEALTH REASON

Raw or improperly pasteurized milk may contain the organisms which produce communicable diseases.

SATISFACTORY COMPLIANCE

All milk used for drinking or cooking purposes in the hospital shall be pasteurized in a plant which has a certificate of approval from the State Department of Public Health.

SECTION (F) STORAGE AND REFRIGERATION OF FOOD

1. *Adequate and proper facilities shall be provided for the storage and refrigeration of food.*

PUBLIC HEALTH REASON

Improperly stored food may become infested with vermin or may become contaminated by the excreta of rodents.

Improperly refrigerated foods, such as meats, may spoil and cause illness among those who consume the food since food infections are especially apt to take place from foodstuffs that have not been properly refrigerated.

SATISFACTORY COMPLIANCE

All food shall be stored in containers which are constructed as near rodent-proof as is possible. The store room shall be clean and adequately screened. An effort shall be made to keep the store room free of vermin.

Adequate refrigeration facilities shall be provided. The temperature shall be maintained at or below 45°F.

SECTION (G) WASHING, DISINFECTION AND STORAGE OF DISHES OR UTENSILS

1. *Proper equipment for the washing, rinsing and disinfection of glasses, dishes and other utensils used in the preparation of food, shall be available and shall be used. Proper storage facilities shall be provided for these glasses, dishes or utensils.*

PUBLIC HEALTH REASON

Improperly washed or disinfected dishes, glasses or utensils may still harbor disease germs left there by former users. If washed and sterilized dishes are improperly stored, they may become contaminated by vermin or rodents.

SATISFACTORY COMPLIANCE

Satisfactory equipment shall be available for the washing, rinsing and disinfection of all dishes, glassware or utensils used more than once in the preparation and dispensing of food and such equipment shall be used at all times.

All dishes, glassware and utensils shall be stored in sanitary cupboards.

SECTION (H) DISPOSAL OF GARBAGE AND REFUSE

1. *Garbage and refuse shall be satisfactorily disposed of.*

PUBLIC HEALTH REASON

Garbage and refuse material which improperly stored or disposed of may cause unpleasant odors, may provide a breeding place for rodents, flies, mosquitoes, or vermin and may be a fire hazard.

Rodents or flies may be the carriers of the germs of pathogenic diseases.

SATISFACTORY COMPLIANCE

All garbage shall be stored in closed rodent and fly-tight containers which are frequently cleaned and shall be disposed of in a manner which is approved by the State Department of Public Health.

There shall be no accumulation of rubbish within or in the vicinity of the hospital.

SECTION (I) SEWERAGE

1. *When a connection to a municipal sewer system is not practical, facilities shall be provided for adequate treatment and disposal of sewage.*

PUBLIC HEALTH REASON

The discharge of raw sewage into the open or into a stream may cause odor nuisance, destruction of fish life, unsightly sludge deposits and pollution to such extent as to render a stream unfit for use as a source of drinking water. Such stream pollution is in violation of the Sanitary Water Board law.

SATISFACTORY COMPLIANCE

Where a municipal sewer system is not available, an adequate sewage treatment plant shall be provided at the hospital. The plant shall be operated in a manner which is satisfactory to the Sanitary Water Board. Suitable operation reports shall be maintained. The plans for all new plants or for revision to existing plants shall be submitted to the Sanitary Water Board for review.

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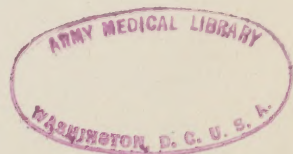
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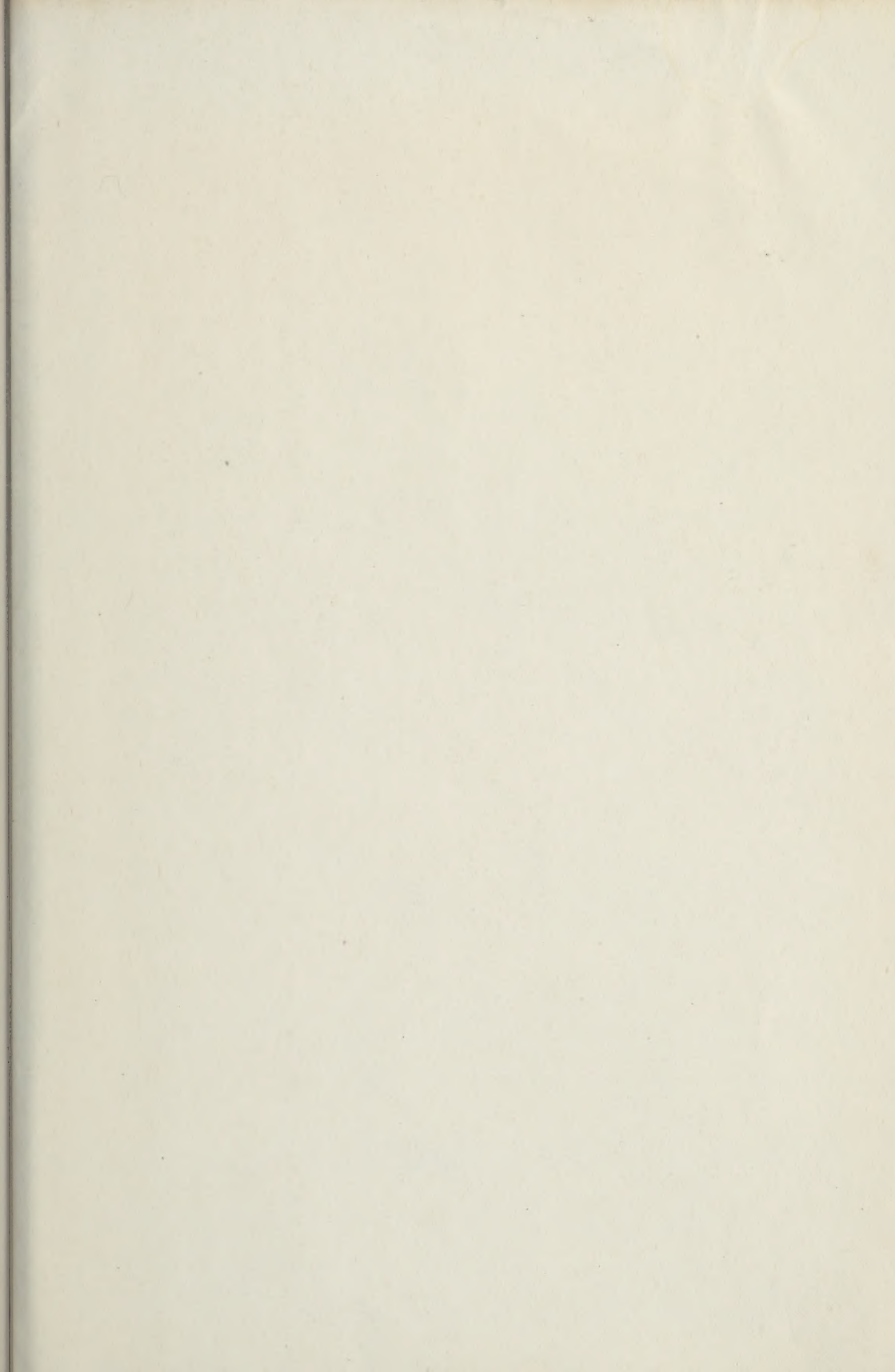
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